

CAVIT Performance Skill Testing

***Fill out form for each class. *Staple scoring rubrics to this form.**

***Submit completed form one month in advance of testing.**

Teacher Name:

Class Name:

Testing Date(s):

Testing Location:

Testing Time(s):

Special Notes/Considerations:

Evaluator Information

Name	Agency & Job Title	Contact Info – Email & Phone

3-5 Skills to be Assessed

Name of Skill	Standard Correlation Number & Description	Skill Mastery/Proficiency Expectation of Students

Teacher Signature: _____

Date: _____